



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 108262		2. Exact name of the Corporation STERLING JEWELERS INSURANCE AGENCY INC.			
3. Principal office address 375 GHENT ROAD		City AKRON		State OH	Zip 44333
4. Business Phone No. 330-665-6582		5. State of Incorporation DELAWARE			
6. Brief description of the character of business conducted in Rhode Island INSURANCE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

LAUREL KRUEGER, VP & SECRETARY

Print or Type Name of Authorized Representative

FILED

FEB 19 2016

BY 5835234 DS

**STERLING JEWELERS INSURANCE AGENCY INC.
SCHEDULE OF OFFICERS**

DIRECTORS

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>EXPIRATION OF TERM</u>
MARK S. LIGHT	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
MICHELE SANTANA	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
J. LYNN DENNISON	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED

OFFICERS

<u>NAME</u>	<u>BUSINESS ADDRESS</u>	<u>EXPIRATION OF TERM</u>
MARK S. LIGHT CHIEF EXECUTIVE OFFICER	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
ED HRABAK PRESIDENT	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
ROBERT D. TRABUCCO EXECUTIVE VICE PRESIDENT AND TREASURER	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
SIMON L. CASHMAN SENIOR VICE PRESIDENT FINANCE AND ASSISTANT SECRETARY	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
J. LYNN DENNISON SIGNET CHIEF LEGAL, COMPLIANCE AND CORPORATE AFFAIRS OFFICER	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
LAUREL KRUEGER VICE PRESIDENT AND SECRETARY	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED
KATHLEEN A. MACHAN ASSISTANT SECRETARY	375 GHENT RD. AKRON, OH 44333	WHEN SUCCESSOR IS APPOINTED

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FEB 19 2015

BY 5835235 DS
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